

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/19/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER					CONTACT NAME:					
					PHONE FAX (A/C, No, Ext): (A/C, No):					
BRYAN A JONES					E-MAIL ADDRESS:					
300 W WASHINGTON ST					INSURER(S) AFFORDING COVERAGE NAIC #					
CHARLES TOWN WV 25414-1534					INSURER A: Nationwide Mutual Insurance Company			23787		
INSURED					INSURER B: Nationwide Assurance Company			10723		
					INSURER C:			10/25		
DOORSERV PRO LLC					INSURER D :					
329 ARDEN NOLLVILLE RD STE 10					INSURER E :					
INWOOD WV 25428-5304					INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY BERIOD.										
I INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS										
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR ADDLISUBRI				POLICY NUMBER	POLICY FEE POLICY EXP					
COMMERCIAL GENERAL LIABILITY		IMOD	WVD	POLIGI NUMBER	(MM/DD/YYYY)		(MM/DD/YYYY)			
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED			
	T STATE OF S							PREMISES (Ea occurrence) \$ 10		
В				ACP CG01 3110300795	. 1	04/00/0000	04/00/0004	MED EXP (Any one person) \$ 1,0		
-	GEN'L AGGREGATE LIMIT APPLIES PER:	X		ACF CG01 3110300793		01/28/2023	01/28/2024	PERSONAL & ADV INJURY \$ 1,000,000		
	X POLICY PRO- LOC								00,000	
	OTHER:								00,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT & 4 C		
	X ANY AUTO	x				1		(Ea accident) 3 1,0	00,000	
В	OWNED SCHEDULED			ACP BA01 3110300795		04/00/0000	04/00/0004			
	AUTOS ONLY HIRED AUTOS ONLY X AUTOS NON-OWNED AUTOS ONLY			ACF BAUT 3110300795	01/26/2023	01/28/2023	01/28/2024	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE		
							PROPERTY DAMAGE (Per accident) \$			
	X UMBRELLA LIAB X OCCUR							\$		
Α	EVECTORIAN	x		ACD CLID4 244020070E	01/28/2023	01/28/2024		00,000		
	DED RETENTIONS			ACP CU01 3110300795			AGGREGATE \$ 1,0	00,000		
-	DED RETENTION \$ WORKERS COMPENSATION		-					PER OTH-		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							PER OTH- STATUTE ER		
OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. EACH ACCIDENT \$		
								E.L. DISEASE - EA EMPLOYEE \$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
DESCRIPTION OF OPERATIONS (LOCATIONS LIVELING ES LACORDAGE A A A IIII.)										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Lithia Motors, Inc. and its affiliated companies are included as additional insured for general liability, automobile liability and umbrella liability, where required by										
written contract and subject to policy terms, conditions and exclusions. Coverage evidenced above is primary and non-contributory with any other insurance or										
Self-insurance maintained by the additional insureds. Should any of the above described policies be cancelled before the expiration date thereof the issuing										
insurer will mail a 30 day written notice to the certificate holder.										
CERTIFICATE HOLDER										
CERTIFICATE HOLDER					CANCELLATION					
CHAIR DANN OF THE ADOLE DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE										
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						AUTHORIZED REPRESENTATIVE				
						BRYAN JONES				

MARYLAND HOME IMPROVEMENT COMMISSION

08 05 137493 MESSAGE(S):

DOOR SERV PRO LLC

6025 07-25-2023



LICENSE * REGISTRATION * CERTIFICATION * PERMIT

STATE OF MARYLAND MARYLAND DEPARTMENT OF LABOR

Wes Moore Governor

Aruna Miller

Portia Wu

MARYLAND HOME IMPROVEMENT COMMISSION

CERTIFIES THAT:

DOOR SERV PRO LLC

DOOR SERV PRO LLC 05-137493

329 ARDEN NOLLVILLE ROAD

INWOOD

WV 25428

IS AN AUTHORIZED:

05-CONTRACTOR/SALESMAN (CORP/PART)

LIC/REG/CERT

137493

EXPIRATION 08-15-2025

lee?

EFFECTIVE N/A

CONTROL NO 6113840

Secretary

Signature of Bearer

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

08 05 137493

6,113,840

08 05 137493

MARYLAND HOME IMPROVEMENT COMMISSION 1100 N. EUTAW STREET BALTIMORE, MD 21201

> DOOR SERV PRO LLC DOOR SERV PRO LLC 05-137493 329 ARDEN NOLLVILLE ROAD INWOOD

WV 25428

Maryland

LICENSE * REGISTRATION * CERTIFICATION * PER STATE OF MARYLAND

MARYLAND HOME IMPROVEMENT COMMISSION

CERTIFIES THAT:

DOOR SERV PRO LLC

IS AN AUTHORIZED: 05 - CONTRACTOR/SALESMAN (CORP/PART)

LIC/REG/CERT EXPIRATION EFFECTIVE CONTROL NO 137493 08-15-2025

6113840

Signature of Bearer

J. 2 Secretary

MARYLAND HOME IMPROVEMENT COMMISSION

08 01 117359

PAUL WIESE

6025 07-25-2023

MESSAGE(S):

LET'S MAKE ALL KIDS LEAD-FREE KIDS. CONTRACTORS MUST BE LEAD-SAFE CERTIFIED. FOR MORE INFORMATION ABOUT LEAD-SAFE RENOVATION, REPAIRS AND PAINTING IN RESIDENCES BUILT PRIOR TO 1978, INCLUDING HOW TO BECOME CERTIFIED THROUGH AN ACCREDITED TRAINING PROGRAM, PLEASE VISIT WWW.EPA.GOV/LEAD.

IF A HOMEOWNER FILES A COMPLAINT WITH MHIC, YOU ARE REQUIRED TO SUBMIT A WRITTEN RESPONSE TO THE COMPLAINT WITHIN 10 DAYS. YOUR WRITTEN RESPONSE MUST CONTAIN A COPY OF YOUR INSURANCE CERTIFICATE AND COPIES OF THE PERMITS AND INSPECTIONS FOR THE JOB. FAILURE TO RESPOND MAY RESULT IN MHIC SUSPENDING YOUR LICENSE OR TAKING OTHER DISCIPLINARY ACTION.

YOU CAN NOW SOLVE A HOMEOWNER'S COMPLAINT QUICKLY AND AMICABLY THROUGH MHIC'S MEDIATION PROGRAM. COMPLAINTS RESOLVED THROUGH MEDIATION ARE NOT PART OF A CONTRACTOR'S PUBLIC COMPLAINT HISTORY.

Maryland DEPARTMENT OF LABOR

LICENSE * REGISTRATION * CERTIFICATION * PERMIT

STATE OF MARYLAND MARYLAND DEPARTMENT OF LABOR

Wes Moore Governor Aruna Miller Lt. Governor

Portia Wu

MARYLAND HOME IMPROVEMENT COMMISSION

CERTIFIES THAT:

PAUL WIESE

DOOR SERV PRO LLC

05-137493

329 ARDEN NOLLVILLE ROAD

INWOOD

WV 25428

IS AN AUTHORIZED:

01 - CONTRACTOR/SALESMAN

IM

LIC/REG/CERT

117359

EXPIRATION

08-15-2025

EFFECTIVE CONTROL NO N/A

Signature of Bearer

6113802

Secretary

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

08 01 117359

6,113,802

08 01 117359

MARYLAND HOME IMPROVEMENT COMMISSION 1100 N. EUTAW STREET

BALTIMORE, MD 21201

PAUL WIESE DOOR SERV PRO LLC 05-137493 329 ARDEN NOLLVILLE ROAD INWOOD

25428

Maryland

LICENSE * REGISTRATION * CERTIFICATION * DE STATE OF MARYLAND

MARYLAND HOME IMPROVEMENT COMMISSION

CERTIFIES THAT:

PAUL WIESE

IS AN AUTHORIZED: 01 - CONTRACTOR/SALESMAN

LIC/REG/CERT EXPIRATION EFFECTIVE _ CONTROL NO

117359 08-15-2025 N/A

6113802 20:0 D

Signature of Bearer

Secretary

Commonwealth of Pennsylvania
Office of Attorney General

THIS IS TO CERTIFY THAT

DOOR SERV PRO LLC 329 ARDEN NOLLVILLE ROAD SUITE 10 INWOOD WV 25428

HAS REGISTERED IN PENNSYLVANIA AS A HOME IMPROVEMENT CONTRACTOR

4/11/2025 VALID UNTIL

PA147356 REGISTRATION NUMBER

SIGNATURE OF REGISTRATION CERTIFICATE HOLDER

MICHELLE A. HENRY, ATTORNEY GENERAL

COMMONWEALTH of VIRGINIA

EXPIRES ON 04-30-2024 Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400, Richmond, VA 23233 Telephone: (804) 367-8500

NUMBER 2705179990

BOARD FOR CONTRACTORS CLASS C CONTRACTOR INVALID ON JOBS \$10,000 OR MORE *CLASSIFICATIONS* HIC

Haran M



DOOR SERV PRO LLC 112 TOULOUSE LN MARTINSBURG, WV 25403



DPOR-LIC (02/2017)

(DETACH HERE)

Status can be verified at http://www.dpor.virginia.gov

(SEE REVERSE SIDE FOR PRIVILEGES AND INSTRUCTIONS)

Status can be verified at http://www.dpor.virginia.gov

DEPARTMENT OF Professional and Occupational Regulation

CLASS C BOARD FOR CONTRACTORS

CONTRACTOR

NUMBER: 2705179990 EXPIRES: 04-30-2024 DOOR SERV PRO LLC 112 TOULOUSE LN

CLASSIFICATIONS HIC

MARTINSBURG, WV 25403

DPOR-PC (02/2017)